

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Articulated Neural Electrode Assembly																				
Application Number : Date : First Named Applicant: Corrinne Stern Attorney Docket Number: 2003.15																					
TOTAL FEE AUTHORIZED \$ 425 Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity																					
BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
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ASSIGNMENT FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="5"></td><td>Subtotal For Additional Fees: \$40</td></tr></tbody></table>		Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40						Subtotal For Additional Fees: \$40		
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AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit account number: 037905 Access Code ***** Deposit name: Northstar Neuroscience Deposit authorized name: Leif R. Sloan Signature: Leif R. Sloan																					

Date (YYYYMMDD):

2004-01-13

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).